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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

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THE WORK OF THE SOCIAL DIRECTOR OF NURSES

BY SOPHIA LYMAN SMITH

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Let us imagine our ideal social director just arriving at the hospital which she is to serve. She is probably at first deeply impressed by the awesome and quiet and the general *etheriness* of the place; but she soon discovers that people in a hospital are just like any other group of people living under one roof for a while. Her first task, of course, is to make friends with the nurses, and learn their point of view. Many anxious moments have been spent, worrying about this very thing; but to speak quite frankly one cannot imagine a more friendly group of people than the nurses. It has been a delightful surprise to find them so responsive and congenial and willing to be friends. Of course it is not an instantaneous process; it doesn't burst upon one the first morning like an earthquake, but every week that passes adds several names to the list of the social director's friends, especially if she has lived with big groups of girls before. A nurses' home differs very slightly from a college house or a boarding-school dormitory, except that it is deserted for a large part of the day. The informal life; student government, at least in the vital matter of lights out; and the fact that girls everywhere are much alike will soon convince the social director that she is in a familiar atmosphere.

It is all very well to live comfortably and happily, and to be friends with one's neighbors; but what is the new arrival to DO? Doubtless to the pupil nurse, with her very definite hours of duty and her constantly busy life, it seems a highly desirable thing to be able to go to the city whenever one pleases, and to read the stories in Harper's the first day it arrives. But there are many days in the social director's life when she would be only too thankful to go on duty at seven o'clock in the morning and stay there till seven o'clock at night, with something definite to do every minute. She feels that she cannot be a busy, and therefore a happy, person, unless she has some other duties beside those

of social direction. There are so few hours in the day when the nurses are at liberty that this official is bound to have too much free time on her hands. It then becomes the question what further work can be given her. From experience one learns that it would work much better for her to have the duties of instructor rather than those of house-keeper at the nurses' home, for various reasons. The instruction of nurses involves such special technical knowledge that one might naturally draw the conclusion that the best social director would be one who had herself taken the nurses' training. There might be very serious drawbacks to this plan, however.

Now as to the actual process of social direction, we must tread very gently in order not to frighten the whole thing away. It is such a coy, intangible sort of thing. My colleague in Chicago writes, "My schedule is a myth. Sometimes I comfort myself by trying to think I have one; but then I suddenly remember that a schedule implies definiteness," and definiteness is not for us. After all, it is a question of influence, and influence is too subtle to be talked about. But the main aims of the social director may be stated here. She must try to keep the pupil nurses from being *depersonalized* by their profession. It is the most pathetic thing about our industrial system that a man who makes shoe-buttons all his life becomes himself little more than an animated shoe-button. He loses his own life in his mere business; loses at least those phases of a more abundant life which imply more than existence, and the worst of it is, that often his employers highly approve of this deadening process. In many cases they actually believe that he will be a more efficient button-maker for the very reason that he has lost the power to be interested in bigger things. With the profession of nursing, surely the situation is quite reversed, no one is looking for a nurse who can do nothing but mix doses and give baths and make beds. The finer the person, the finer the nurse, and that is why we must cherish the personality of the individual. It has been distressing to hear several people in the hospital say, "I really have no convictions about suffrage. I have never taken the time to think it over." Now we may have no desire for people to be militant on either side, but to be indifferent to such a vital question shows a lazy attitude of mind which one must deplore. Any severe training has a tendency to make its subject machine-like. I believe that this applies to hospitals as well as to armies, and that there could easily be written a nurses' equivalent for

Boots, Boots, Boots, Boots, marching up and down again,
And there's no discharge in the war.

This very routine, so valuable in itself, necessitates an effort in the opposite direction if the nurse is to be kept normal. The various moves toward social reform have as a fundamental principle this: that the business has no right to crush or swallow the person. A nurse who has graduated from the training-school, and still keeps her "pep," that word must have become classic by this time, her ability to enter into normal pleasures and, above all, her deep interest in people, is carrying to her work a great endowment. A friend who is engaged in rather similar work wrote the other day, "Sometimes I fairly long for someone who enjoys my kind of nonsense." It is impossible for me to sympathize with her at all, for the nurses under my direction do enjoy my kind of nonsense. They are the same kind of girls to be found anywhere, and might easily be a group selected at random from college students,—except for the one fact that never, never are they to be seen at their best. After their long hours of hard duty, they are physically exhausted and their minds refuse to work alertly. For the last few weeks, the senior night-nurses have been having a reading club. One morning when one of them was reading a war-story so thrilling that one could hardly sit still, a glance around the room disclosed three people fast asleep in their chairs. If only some scheme could be devised to shorten the hours on duty, the nurses would not only be able to maintain a more normal and enthusiastic attitude toward the world in general, but also they would learn their lessons in a far more satisfactory and mature way. From a slight experience in teaching in the training school one must be convinced that for the courses required the nurses need their best concentration, not the left-overs of their minds.

The one great distinction to be made between these students and college students is that these have a less receptive point of view. To be sure, there are plenty of college students who have absolutely no interest in what they are studying; they would blush to display any enthusiasm for subjects in the curriculum, but without exception they are eager to learn outside things. They realize the value of general information; whereas the nurses have a tendency to look on general information as an additional burden. With the nurses the snap seems to have gone out of their mental response to interesting things. And it can be explained in no other way than that the demands of the work itself swallow up all the life that they have to offer and the natural state when off duty is either a pointless giggling or a sleepy coma.

My experience has been that the organized forms of social intercourse—definite clubs and societies—are not of great value for nurses. The vicissitudes of life and night duty are such that the same people never appear at two successive meetings. One is inclined to think

that more informal affairs, to bring stockings to darn on Saturday night and learn as much as possible about the government of France, are rather more successful.

When all is said and done, the methods must depend on circumstances, whether organized clubs or athletic stunts or visits to art exhibits or reading the newspapers or just a party may prove to be the wise thing for the moment; but the *great aims* are fairly well defined, to keep the life of the training school in touch with general normal life; not to allow the absorbing questions of symptoms and dosage to crowd out the natural interests of a young woman's thoughts; to avoid if possible the entirely thoughtless but unfortunate joking about birth and death and the other great human experiences, the common accusation brought by the world at large against the nursing profession; to try to increase the general information and the breadth of interest of the students; and above all, to make them feel that they have a friend, just a plain person, quite outside of the disciplinary system of the hospital, with whom they can talk freely, as to some member of their families.

CAMPAIGN TO PREVENT BLINDNESS

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Kentucky: In a recent bulletin of the State Board of Kentucky, devoted to "Prevention of Trachoma," we find the statement made a number of times that trachoma exists not only in the eastern section of the state, but is also found to considerable extent in the Blue Grass country and through the south and west. Dr. John McMullen, U. S. Public Health Service, and Dr. A. T. McCormack, who have been making a survey of conditions in Kentucky have recently been making examinations of the eyes of school children in a number of the hitherto unvisited cities. Their investigations have shown that there is scarcely a community where trachoma may not be found. For instance, in Henderson, 81 pupils were excluded from the schools on account of trachoma; in Hopkinsville, 46 cases were found among 500 children examined; in Paducah, 97 cases were found out of 728 pupils examined. In fact, in practically every school visited, the number of children found with this disease, either well developed or in an incipient stage, was far beyond expectations.